

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003345

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JAN 23 1962

## 1. PLACE OF DEATH

a. COUNTY

St Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Flat River, Mo

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION At HomeInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY St Francois

c. CITY  
OR  
TOWN Flat River, MoInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)

304 Spruce St

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Arnolphus

Rhodes

Gream

4. DATE  
OF  
DEATH

Month

Day

Year

Jan 15, 1962

5. SEX  
Male6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Feb 23, 1890 71

Months Days

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

Marshal

11. BIRTHPLACE (City and state or country)

Graves Co Kentucky U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

James Gream

13b. MOTHER'S MAIDEN NAME

Fannie Goot

14. NAME OF HUSBAND OR WIFE

Ella Gream

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WWI

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

6 Mrs Ella Mae Gream Flat River, Mo

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

Coronary occlusion

INTERVAL BETWEEN  
ONSET AND DEATH

10 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

previous attack approx 2 yrs ago

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 5 - 1962 to Jan 15 1962 and last saw him alive on Jan 14 - 1962  
Death occurred at 1000 PM 1000 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

1-18-1962

Hill-View Mem Gardens

Farmington, Mo

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

R. Caldwell &amp; Sons Flat River, Mo

Jan 16, 1962

Esther Rudolph

(Licensed Embalmer's Statement on Reverse Side)

JAN 25 1962

JAN 24 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.